

Appendix E
Certification of Analyst Proficiency

Date:

Laboratory Name:

Laboratory Address:

Analyst Name:

Matrix:

SOP Number:

Parameters:

We, the undersigned, CERTIFY that:

1. The analyst identified above, using the cited laboratory Standard Operating procedure (SOP), has demonstrated proficiency to conduct the analyses.
2. The demonstration was performed according to the procedures of Chapter 5 (5.5.2.6.C4) of the National Environmental Laboratory Accreditation Conference standards.
3. The data associated with this demonstration are true, accurate, complete and self-explanatory.
4. All raw data necessary to reconstruct and validate this certification have been retained by the facility and are available for review by authorized parties.

Technical Director's Name

Signature

Date

Quality Assurance Officer's Name

Signature

Date

Analyst's Name

Signature

Date